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### Give accurate information about suicide.

Suicide is a complicated behavior. It is not caused by a single event such as a bad grade, an argument with parents, or the breakup of a relationship.

In most cases, suicide is caused by an underlying mental disorder like depression or substance abuse. Mental disorders affect the way people feel and prevent them from thinking clearly and rationally. Having a mental disorder is nothing to be ashamed of, and help is available.

Talking about suicide in a calm, straight- forward manner does not put ideas into kids' minds.

### Talking to adolescents about Suicide by saying . . .

"The cause of \_\_\_\_\_'s death was suicide. Suicide is most often caused by serious mental disorders like depression, combined with other complications ."

"\_\_\_\_\_ was likely struggling with a mental health issue like depression or anxiety, even though it may not have been obvious to other people ."

"There are treatments to help people who are having suicidal thoughts ."

"Since 90 percent of people who die by suicide have a mental disorder at the time of their death, it is likely that \_\_\_\_\_ suffered from a mental disorder that affected [his/her] feelings, thoughts, and ability to think clearly and solve problems in a better way ."

"Mental disorders are not something to be ashamed of, and there are very good treatments to help the symptoms go away ."

### Address blaming and scapegoating.

It is common to try to answer the question "why?" after a suicide death. Sometimes this turns into blaming others for the death.

### by saying . . .

"The reasons that someone dies by suicide are not simple, and are related to mental disorders that get in the way of the person thinking clearly. Blaming others—or blaming the person who died—does not acknowledge the reality that the person was battling a mental disorder."

### Do not focus on the method or graphic details.

Talking in graphic detail about the method can create images that are upsetting and can increase the risk of imitative behavior by vulnerable youth.

If asked, it is okay to give basic facts about the method, but don't give graphic details or talk at length about it. The focus should be not on how someone killed themselves but

rather on how to cope with feelings of sadness, loss, anger, etc.

by saying . . .

“It is tragic that she died by hanging . Let’s talk about how \_\_\_\_\_’s death has affected you and ways for you to handle it .”

“How can we figure out the best ways to deal with our loss and grief?”

Address anger.

Accept expressions of anger at the deceased and explain that these feelings are normal.

by saying . . .

“It is okay to feel angry . These feelings are normal and it doesn’t mean that you didn’t care about\_\_\_\_ . You can be angry at someone’s behavior and still care deeply about that person .”

Address feelings of responsibility.

Reassure those who feel responsible or think they could have done something to save the deceased.

by saying . . .

“This death is not your fault .” “We can’t always predict someone else’s behavior.”

“We can’t control someone else’s behavior.”

Encourage help-seeking.

Encourage students to seek help from a trusted adult if they or a friend are feeling depressed or suicidal.

by saying . . .

“We are always here to help you through any problem, no matter what. Who are the people you would go to if you or a friend were feeling worried or depressed or had thoughts of suicide?”

“There are effective treatments to help people who have mental disorders or substance abuse problems. Suicide is never an answer.”

“This is an important time for all in our [school, team, etc .] community to support and look out for one another . If you are concerned about a friend, you need to be sure to tell a trusted adult .”

## Facts About Suicide and Mental Disorders in Adolescents

Suicide is not inexplicable and is not simply the result of stress or difficult life circumstances. The key suicide risk factor is an undiagnosed, untreated, or ineffectively treated mental disorder. Research shows that over 90 percent of people who die by suicide have a mental disorder at the time of their death.

In teens, the mental disorders most closely linked to suicide risk are major depressive disorder, bipolar disorder, generalized anxiety disorder, conduct disorder, substance use disorder, and eating disorders. While in some cases these disorders may be precipitated by environmental stressors, they can also occur as a result of changes in brain chemistry, even in the absence of an identifiable or obvious “reason.”

Suicide is almost always complicated. In addition to the underlying disorders listed above, suicide risk can be affected by personality factors such as impulsivity,

aggression, and hopelessness. Moreover, suicide risk can also be exacerbated by stressful life circumstances such as a history of childhood physical and/or sexual abuse; death, divorce, or other trauma in the family; persistent serious family conflict; traumatic breakups of romantic relationships; trouble with the law; school failures and other major disappointments; harassment, or victimization by peers.

It is important to remember that the vast majority of teens who experience even very stressful life events do not become suicidal. In some cases, such experiences can be a catalyst for suicidal behavior in teens who are already struggling with depression or other mental health problems. In others, traumatic experiences (such as prolonged bullying) can precipitate depression, anxiety, abuse of alcohol or drugs, or another mental disorder, which can increase suicide risk. Conversely, existing mental disorders may also lead to stressful life experiences such as family conflict, social isolation, relationship breakups, or school failures, which may exacerbate the underlying illness and in turn increase suicide risk.

## Warning Signs of Suicide

These signs may mean someone is at risk for suicide. Risk is greater if a behavior is new or has recently increased in frequency or intensity, and if it seems related to a painful event, loss, or change.

- Talking about wanting to die or kill oneself
- Looking for ways to kill oneself, such as searching online or buying a gun
- Talking about feeling hopeless or having no reason to live
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated, or behaving recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

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<http://www.sprc.org/library/AfteraSuicideToolkitforSchools.pdf>